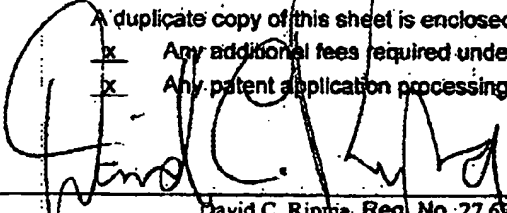
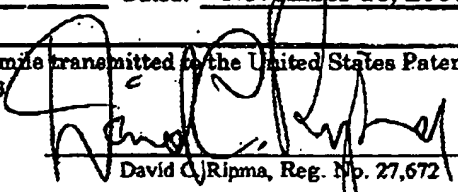


Fee only

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): John W. Hartzell, and Apostolos Voutsas				<b>Docket No.</b> SLA0859	
<b>Serial No.</b> 10/749,060	<b>Filing Date</b> December 30, 2003	<b>Examiner</b> M Guerrero	<b>Group Art Unit</b> 2822		
<b>Invention:</b> Method for Fabricating Silicon Targets					
				<b>RECEIVED</b> CENTRAL FAX CENTER	
<b>TO THE COMMISSIONER FOR PATENTS:</b>				<b>NOV 16 2004</b>	
Transmitted herewith is an amendment in the above identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER OF EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
<b>TOTAL CLAIMS</b>	36 -	32 =	4	x \$18.00	\$72.00
<b>INDEP. CLAIMS</b>	7 -	3 =	4	x \$88.00	352.00
<b>Multiple Dependent Claims (check if applicable)</b> _____					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$424.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-1457 in the amount of \$424.00. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1457. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional fees required under 37 C.F.R. 1.18. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.					
 David C. Ripma, Reg. No. 27,672			Dated: November 16, 2004		
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, under 37 C.F.R. §1.8 at Fax No. (703) 872-9306 on November 16, 2004.  David C. Ripma, Reg. No. 27,672					
Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper. The papers submitted include:					
<input checked="" type="checkbox"/> This Amendment Transmittal Letter (Include Duplicate)				2 page(s)	
<input checked="" type="checkbox"/> Response under 37 CFR § 1.111				13 page(s)	
<input type="checkbox"/> Attachments				2 page(s)	
<input type="checkbox"/>				pages	
<b>Total pages, including this Transmittal: 17</b>					

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10749060

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	32	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20 =	12
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 36	Minus ** 32	= 4
Independent	* 7	Minus *** 3	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	216.00
X86=	
+290=	
TOTAL	986.00

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	72.00
X86=	352.00
+290=	
TOTAL	424.00

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	